

OBSTETRICS AUDIT FORM – 2024

Hospital: _____ Form No. _____

NAME :	_____ (initials)	Date of Delivery :	_____ (dd/mm/yy)
AGE :	_____	Resident Status :	* HK Resident / Non-HK Resident
ID. No. :	_____ X(X) (at least 5 digits)	Chinese Ethnic:	* Yes / No

ANTENATAL COMPLICATIONS	INFORMATION ABOUT LABOUR	LABOUR COMPLICATIONS																				
<p>Cardiac Disease</p> <ul style="list-style-type: none"> * 1. No 2. Rheumatic heart disease 3. Congenital heart disease 4. MVP 5. Arrhythmia 6. Others <p>Diabetes</p> <ul style="list-style-type: none"> * No / Pre-existing / GDM <p>Ovarian cyst (Pathological)</p> <ul style="list-style-type: none"> * No / No surgery / AN surgery <p>Fibroids * No / Yes</p> <p>Anaemia * No / Yes</p> <p>Renal Disease * No / Yes</p> <p>Liver Disease * No / Yes</p> <p>Respiratory Disease * No / Yes</p> <p>GI / Biliary Disease * No / Yes</p> <p>Epilepsy * No / Yes</p> <p>Psychiatric Disease * No / Yes</p> <p>Immunological Disease * No / Yes</p> <p>Thyroid Disease * No / Yes</p> <p>Surgical Disease * No / Yes</p> <p>Malignant Disease * No / Yes</p>	<p>Onset of Labour</p> <ul style="list-style-type: none"> * Spontaneous / Induced / No Labour <p>Duration of Labour _____ hours</p> <p>Indication for Induction (at most 3)</p> <ul style="list-style-type: none"> *1. No / irrelevant 2. DM / GDM 3. Maternal disease 4. Bad obstetrical history 5. Prolonged pregnancy (≥ 41 wks) 6. Hypertension 7. PROM ± Intrauterine Infection 8. APH 9. Multiple pregnancy 10. Suspected IUGR / IUGR 11. IUD 12. Fetal anomaly 13. Suboptimal CTG / fetal distress 14. Social reasons 15. Maternal distress 16. Others _____ <p>Syntocinon Augmentation * No / Yes</p> <p>Epidural Analgesia * No / Yes</p>	<p>Amniotic fluid</p> <ul style="list-style-type: none"> * 1. Clear 2. Meconium stained - Mild 3. Meconium stained - Moderate 4. Meconium stained - Severe 5. Blood stained 6. No liquor <p>Oxytocins for 3rd stage (can be multiple)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:left; border-bottom: 1px solid black;">Prophylaxis</th> <th style="text-align:left; border-bottom: 1px solid black;">Medical Therapy</th> </tr> <tr> <td>* 1. Nil</td> <td>* 1. Nil</td> </tr> <tr> <td>2. Syntometrine</td> <td>2. Syntometrine</td> </tr> <tr> <td>3. Syntocinon</td> <td>3. Syntocinon 4.</td> </tr> <tr> <td>4. Duratocin</td> <td>Duratocin</td> </tr> <tr> <td>5. Cytotec</td> <td>5. Cytotec</td> </tr> <tr> <td></td> <td>6. Carboprost</td> </tr> <tr> <td></td> <td>7. Transamine</td> </tr> <tr> <td></td> <td>8. Sulprostone</td> </tr> <tr> <td></td> <td>9. Others _____</td> </tr> </table> <p>Perineal Tear</p> <ul style="list-style-type: none"> * 1. Nil 2. 1st degree (involving skin only) 3. 2nd degree (involving perineal muscle) 4. 3rd degree (involving anal sphincter) 5. 4th degree (involving anal mucosa) <p>Episiotomy * No / Yes</p> <p>Cervical tear * No / Yes</p> <p>Vaginal tear * No / Yes</p>	Prophylaxis	Medical Therapy	* 1. Nil	* 1. Nil	2. Syntometrine	2. Syntometrine	3. Syntocinon	3. Syntocinon 4.	4. Duratocin	Duratocin	5. Cytotec	5. Cytotec		6. Carboprost		7. Transamine		8. Sulprostone		9. Others _____
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<p>OBS HISTORY & COMPLICATIONS</p> <p>Parity * 0 / 1 / 2 / 3 / 4 / 5 / 5+</p> <p>IVF pregnancy * No / Yes</p> <p>No. of fetuses * 1 / 2 / 3 / 3+</p> <p>Previous C/S * 0 / 1 / 2 / 3 / 4 / 5 / 6+</p> <p>Other uterine scar</p> <ul style="list-style-type: none"> * No / Open myomectomy / Lap myomectomy / Hysterotomy / Others <p>Hypertension</p> <p>Severity * No / Mild / Severe</p> <p>Classification</p> <ul style="list-style-type: none"> * 1. Irrelevant 2. Eclampsia 3. Gestational hypertension 4. Gestational proteinuria 5. Gest. Proteinuric HT (PET) 6. Chr. HT – no proteinuria 7. Chr. HT – with PET 8. Unclassified <p>Antepartum Haemorrhage</p> <ul style="list-style-type: none"> * 1. No 2. APH of ? origin 3. Placenta praevia 4. Placental abruption 5. Others <p>ECV *1. Irrelevant</p> <ul style="list-style-type: none"> 2. No ECV 3. Successful ECV 4. Failed ECV <p>Placenta praevia * No / Yes</p> <p>Threatened Preterm Labour * No / Yes</p> <p>Use of tocolytic * No / Yes</p> <p>Use of steroid * No / Yes</p> <p>PET Screening</p> <ul style="list-style-type: none"> * No / Low risk / High risk 	<p>Down's Screening</p> <ul style="list-style-type: none"> * No / 1st / 2nd / Both Trimester <p>Fetal DNA Testing</p> <ul style="list-style-type: none"> * No / Screening / High risk <p>Feto-reduction</p> <ul style="list-style-type: none"> * Irrelevant / No / Yes 	<p>POSTNATAL COMPLICATIONS</p> <p>Postpartum Haemorrhage _____ ml</p> <ul style="list-style-type: none"> * ≤ 499 / 500-999 / 1000-1499 / ≥1500 <p>PPH requiring transfusion * No/Yes</p> <p>PPH Causes (at most 3)</p> <ul style="list-style-type: none"> * 1. No 2. Uterine atony 3. Retained POG 4. Rupture of uterus 5. Cervical tear 6. Vaginal tear 7. Perineal wound 8. Genital haematoma 9. Acute inversion of uterus 10. DIC 11. Placenta praevia 12. Placenta accreta/precreta 13. Uterine fibroids 14. Uterine wound 15. Uterine tear 16. Others _____ <p>Puerperal Pyrexia * No / Yes</p> <p>Breast Abscess * No / Yes</p> <p>UTI * No / Yes</p>																				
		<p>Genital Tract Infection * No / Yes</p> <p>Wound Problem with Intervention * No / Yes</p> <p>MROP * No / Yes</p> <p>Uterine Rupture/Scar Dehiscence * No / Yes</p> <p>Myomectomy * No / Yes</p> <p>Ovarian cystectomy / SO * No / Yes</p> <p>Hysterectomy * No / Yes</p> <p>Internal iliac artery ligation * No / Yes</p> <p>Uterine artery embolisation * No / Yes</p> <p>Uterine compression sutures * No / Yes</p> <p>Uterine balloon tamponade * No / Yes</p> <p>IU vacuum device (Jada System) * No / Yes</p> <p>Maternal Collapse Causes</p> <ul style="list-style-type: none"> * 1. No / irrelevant 2. Major obstetric haemorrhage 3. Thrombo-embolism 4. Amniotic fluid embolism 5. Acute fatty liver 6. HELLP syndrome 7. Eclampsia 8. Myocardial infarction 9. Cardiomyopathy 10. Aortic dissection 11. Septic shock 12. Intra-cranial haemorrhage 13. Drug toxicity /overdose 14. Anaphylaxis 15. Others _____ <p>Maternal Death * No / Yes</p> <p>(Specify) _____</p>																				

* represents the default value

For BABY *1 / 2 / 3

(For multiple pregnancy, circle the no. of fetuses in previous page. Use separate form for subsequent baby/babies and only need to complete all the delivery and baby information. Remember to circle the baby order and staple the forms.)

INFORMATION ABOUT DELIVERY

<p>Mode of Delivery * 1. NSD 2. V/E 3. Forceps 4. Breech 5. LSCS 6. Classical CS 7. Unknown</p> <p>Second stage CS * No / Yes</p> <p>Presentation / Lie at Birth * 1. Vertex 2. Breech 3. Brow 4. Face 5. Oblique 6. Transverse 7. Compound 8. Others _____</p>	<p>Born Before Arrival * No / Yes</p> <p>Indication for VE / Forceps (at most 3) *1. No / irrelevant 2. Maternal disease 3. Maternal distress 4. Previous CS/Uterine scar 5. Obstetric complication 6. Fetal distress/Suboptimal CTG 7. Cord prolapse 8. Prolonged 2nd stage 9. Meconium stained liquor 10. Others _____</p> <p>Anaesthesia for CS *1. No / irrelevant 2. GA 3. Spinal 4. Epidural</p>	<p>Indication for C/S (at most 3) *1. No / irrelevant 2. DM / GDM 3. Maternal disease 4. Previous uterine scar 5. Bad obs. History 6. APH / placenta praevia 7. Hypertension 8. Multiple pregnancy 9. Fetal distress/suboptimal CTG 10. Cord prolapse / presentation 11. Suspected IUGR / IUGR 12. Malpresentation / lie 13. No/Poor progress of labour 14. Cephalopelvic disproportion 15. Contracted / unfavourable pelvis 16. Failed instrumental delivery 17. Genital tumour / anomaly 18. Failed induction 19. Elderly / infertility 20. Suspected macrosomia 21. Intrauterine infection 22. Social reason 23. Others</p>
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INFORMATION ABOUT BABY

<p>Gestation _____ weeks</p> <p>Birth Weight _____ gm</p> <p>Apgar Score at 1 min _____</p> <p>Apgar Score at 5 min _____</p> <p>Admission to NICU * No / Yes</p> <p>Congenital Anomalies * No / Yes</p> <p>Chromosomal Anomalies * No / Yes</p> <p>Birth Trauma (at most 3) *1. No 2. Cephalhaematoma 3. Soft tissue trauma 4. Subaponeurotic haemorrhage 5. Intracranial haemorrhage 6. Fractures 7. Nerve injury 8. Visceral injury</p> <p>Congenital Infection * No / Yes</p> <p>Major Infections * No / Yes</p> <p>RDS * No / Yes</p> <p>IVH * No / Yes</p> <p>NEC * No / Yes</p>	<p>Fetal Outcome * 1. Alive 2. SB – antepartum 3. SB – intrapartum 4. SB – unknown 5. NND – first week 6. NND – 2 to 4 week 7. Abortion – <i>IUFD <24 wks</i> (only for multiple pregnancy)</p> <p>Cause of *Stillbirth (circle 1 only) * 1. Irrelevant 2. Congenital anomaly 3. Isoimmunisation 4. PIH 5. APH 6. Mechanical 7. Maternal disorder 8. Others 9. Unexplained 10. Uninvestigated</p>	<p>Cause of NND (circle 1 only) * 1. Irrelevant 2. Congenital anomaly 3. Isoimmunisation 4. PIH 5. APH 6. Mechanical 7. Maternal disorder 8. Others 9. Unexplained 10. Uninvestigated</p> <p>Contributory Factor to NND Congenital anomaly * None / major / attributable Haemolytic disease * None / major / attributable Hypoxia * None / major / attributable Birth trauma * None / major / attributable RDS * None / major / attributable Intracranial haemorrhage * None / major / attributable Infection * None / major / attributable Miscellaneous * None / major / attributable Unclassifiable * None / major / attributable</p>
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* represents the default value